

REGISTRATION FORM
Enrollment is limited, so sign up early!

Course fee \$175, OR \$150 if registered 2 weeks prior.
Payable by credit card or check (made payable to Wholistic Physical Therapy)

Name: _____

Address: _____

City / zip: _____

Phone: _____

Fax: _____

E mail: _____

To register by mail, print this and send to:
Wholistic Physical Therapy
1591 Route 22
Brewster, NY 10509

Or phone: 845 940 1051

Or fax to: 845 940 1051

Or Online at www.wholisticphysicaltherapy.com/seminars

Method of Payment:

- Check (made payable to Wholistic Physical Therapy)
- American Express
- Visa
- MasterCard

Credit Card Number: _____

Expiration Date: _____ Signature: _____

Registration Fee and Cancellation Policy

Full payment is required to reserve a space. Fee includes continental breakfast, manual, seminar instruction, hands-on workshop, and certificate of completion. A confirmation letter with directions, agenda and suggested attire will be sent once payment for registration is received.

You may cancel your registration up to 2 wks prior to the seminar date for a full refund, less \$25 processing fee.

Wholistic Physical Therapy reserves the right to cancel any seminar, in which case the registration fee will be returned in full. In the event of cancellation we will not be responsible for any charges incurred by the registrant.